

M19000001955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

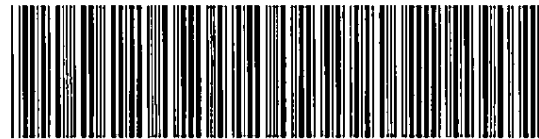
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2/19

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01/23/19--01006--019 **160.00

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19 FEB 19 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS
FEB 27 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2019

PAUL BEAULLIEU
103 ROSEDALE DR
LAFAYETTE, LA 70508 US

SUBJECT: ALCHEMY TENACITY LLC
Ref. Number: W19000010966

We have received your document for ALCHEMY TENACITY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 219A00002388

2019 FEB 13 1:02 PM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALCHEMY TENACITY, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PAUL BEAULLIEU

Name of Person

ALCHEMY TENACITY LLC

Firm/Company

103 ROSEDALE DR

Address

LAFAYETTE, LA 70508

City/State and Zip Code

HOME.OFFICE@ALCHEMYMNGT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CECILY BROUSSARD

337 706-7663

Name of Contact Person at () Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ALCHEMY TENACITY LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

FLORIDA ALCHEMY TENACITY LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. LOUISIANA

(Jurisdiction under the law of which foreign limited liability company is organized)

82-1869735

3. (FEI number, if applicable)

4. 01.01.2019

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 103 ROSEDALE DR

(Street Address of Principal Office)

103 ROSEDALE DR, LAFAYETTE, LA 70508

6. (Mailing Address)

LAFAYETTE, LA 70508

LAFAYETTE, LA 70508

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: RANDY BAKER, OWNER REP

Office Address: 849 KELL AIRE DRIVE

DESTIN

(City)

, Florida

32541

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Randy Baker

(Registered agent's signature)

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19 FEB 19 AM 8:36
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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☒ Manager Name: PAUL BEAULLIEU

☒ Member Address: 103 ROSEDALE DR

☐ Authorized LAFAYETTE, LA 70508

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

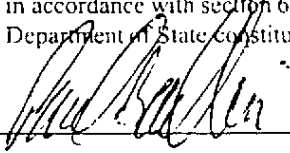
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

PAUL BEAULLIEU

Typed or printed name of signee



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

ALCHEMY TENACITY LLC

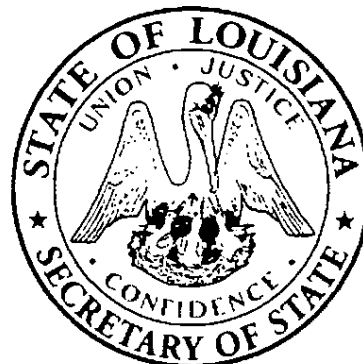
Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on June 15, 2017,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 12, 2019



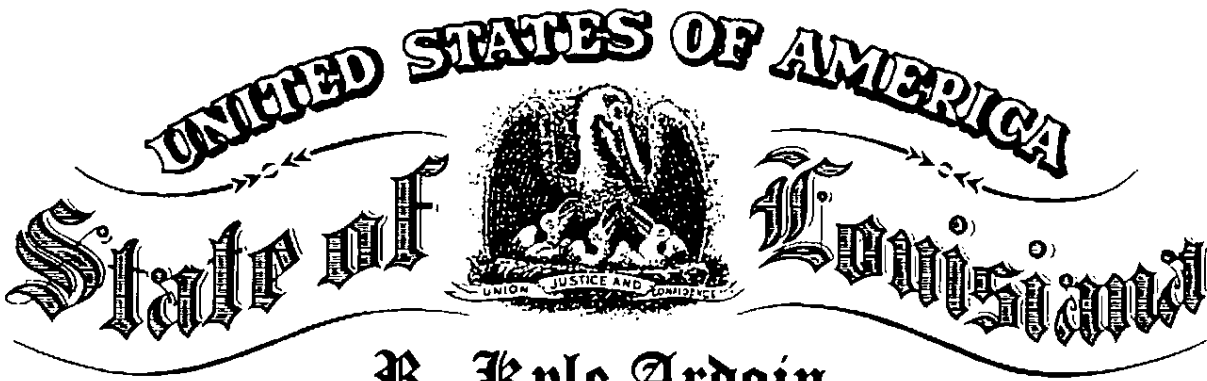
R. Kyle Ardoin

Secretary of State

Web 42692294K

Certificate ID: 11042977#62N83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that
the attached document(s) of

ALCHEMY TENACITY LLC

are true and correct and are filed in the Louisiana Secretary of State's Office.

42692294K ORIGF 6/15/2017 3 page(s)

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

February 12, 2019

Secretary of State

WEB 42692294K



Certificate ID: 11042978#E5P83

To validate this certificate, visit the following
web site, go to **Business Services**, Search
for **Louisiana Business Filings**, Validate a
Certificate, then follow the instructions
displayed.

www.sos.la.gov